

iLinkBlue Webinar

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.



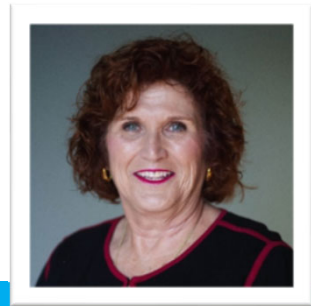
How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.

Let's use
ilinkBlue

2024

Presented by Anna Granen
Senior Provider Relations Representative



www.bcbsla.com/ilinkblue



Louisiana

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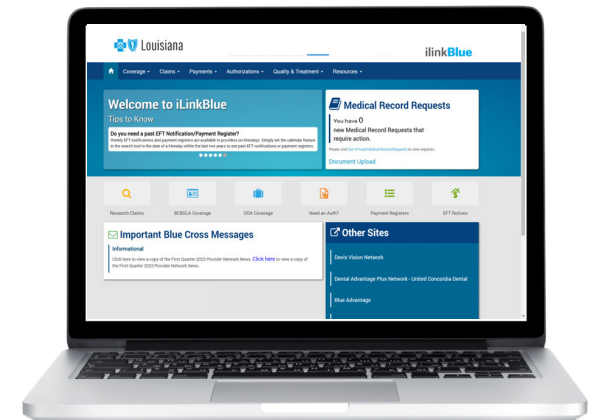
Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

WELCOME!

- ✓ Today's presentation will review the many features of iLinkBlue including:
 - Coverage & Eligibility
 - Benefits
 - Claims Status
 - Medical Code Editing
 - Payment Registers/EFT Notifications
 - Authorizations

- ✓ We will explain the BlueCard® Program (Out of Area) and show how to submit and research those claims.

- ✓ We will show you how to easily navigate iLinkBlue.



What is iLinkBlue?

iLinkBlue is Blue Cross and Blue Shield of Louisiana's secure online provider portal.

- Allowable Charges
- Authorizations
- Eligibility
- Benefits
- Coordination of Benefits (COB)
- Claims Research
- Electronic Funds Transfer
- Estimated Treatment Cost
- Grace Period Notices
- Manuals
- Medical Code Editing
- Medical Policies
- Payment Information
- Electronic Funds Transfer (EFT) Notifications
- BlueCard® Medical Record Requests
- Professional Claims Submission

no cost to providers

user-friendly navigation

secure auth applications

The screenshot displays the iLinkBlue provider portal. At the top, there is a navigation bar with the Louisiana state logo and 'iLinkBlue' branding. Below this is a main content area with a 'Welcome to iLinkBlue' message and a 'Medical Record Requests' alert indicating 72 new requests. A central navigation menu includes options like 'Research Claims', 'BCBSLA Coverage', 'OOA Coverage', 'Need an Auth?', 'Payment Registers', and 'EFT Notices'. On the left, there are 'Important Blue Cross Messages' and on the right, 'Other Sites' such as 'Davis Vision Network' and 'Healthy Blue'.


www.bcbsla.com/ilinkblue

Accessing iLinkBlue

Blue Cross requires that provider organizations have at least one **administrative representative** to manage our secure online services.

Administrative representative duties include:

- ✓ Identify users at your organization who will need access to our secure online services.
- ✓ Assign individual user access to the appropriate applications.
- ✓ Manage users and terminate user access when it is no longer needed.



Instructions for Accessing Our Secure Online Services

Blue Cross offers many online services that require secure access. Blue Cross requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (for BlueCard® members)
- and more (as we develop new services)


To Report Your Administrative Representative to Blue Cross:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.
Email: PIMTeam@bcbsla.com Fax: 1-800-515-1128
Attn. Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?
If you have questions regarding the administrative representative setup process, please contact our PIM Team.
Email: PIMTeam@bcbsla.com
Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for delegating access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Blue Cross' guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.



18NW2367 R06/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at www.bcbsla.com/providers >Electronic Services >Admin Reps.

Accessing iLinkBlue

Need access to iLinkBlue?

Does your organization have an administrative representative?



- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access to iLinkBlue.
- Deeper levels of security include secure authorization applications. This access is granted through your organization's administrative representative.



- Self designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet. It is available online at www.bcbsla.com/providers >Electronic Services >Admin Reps.
- Contact our Provider Identity Management (PIM) Team at PIMteam@bcbsla.com or 1-800-716-2299, option 5 with questions.

Accessing iLinkBlue



Contact Us

ilinkBlue

A screenshot of the iLinkBlue login interface. It features a white login box centered on a blue background with a blurred image of a medical instrument. The form contains two input fields: "Username" and "Current Password". Below the fields is a green "Log In" button. At the bottom of the form is a blue link that says "Forgot/Reset Password".

Username

Current Password

Log In

[Forgot/Reset Password](#)

Logging in for the first time:

- Password must be reset.
- Click on the "Forgot/Reset Password" button.
- Follow the prompts, enter your username and click the "Request Password" button.
- The system will send you an email to reset your password. Click on the link in the email. Follow the prompts.

Passwords

Passwords must be eight positions and contain a number, an uppercase letter, a lowercase letter and one special character (~! @\$%^&). Do not use your browser's password manager function to save or store your password. This can prevent you from changing your password when it expires.



iLinkBlue accounts that are not accessed for 180 days are locked due to inactivity. **Reach out to your administrative representative to have your account reset.**



If you are the administrative representative and need your password reset, reach out to the Provider Identity Management (PIM) Team.

Phone: 1-800-716-2299, option 5
Monday – Friday 7:30 a.m. to 4 p.m.

Email: PIMteam@bcbsla.com

Multi-factor Authentication

Multi-factor authentication (MFA) is required to securely access iLinkBlue. MFA is a security feature that delivers a unique identifier passcode via email, text and other formats. To set up MFA, you must register an authentication method with PingID.

PingID Registration

Authentication Method Selection

Select the option you want to configure for use during authentication:

- SMS/Texting (B)
- Voice (C)
- Email (A)
- Secondary Email
- Mobile App (D)

Cancel Reset Next


Please note that if you choose to cancel, all previously registered devices will be removed from your account.

Powered by PingIdentity

We recommend registering **two or more** options for account recovery.


When you log into iLinkBlue, PingID will send a passcode to your registered method and prompt you to enter it on your computer.

Multi-factor Authentication

Register for Multi-factor Authentication 

Multi-factor Authentication (MFA) is required to securely access iLinkBlue, our online self-service tool for providers.

NOTE:
Follow the steps of this guide to register for MFA.

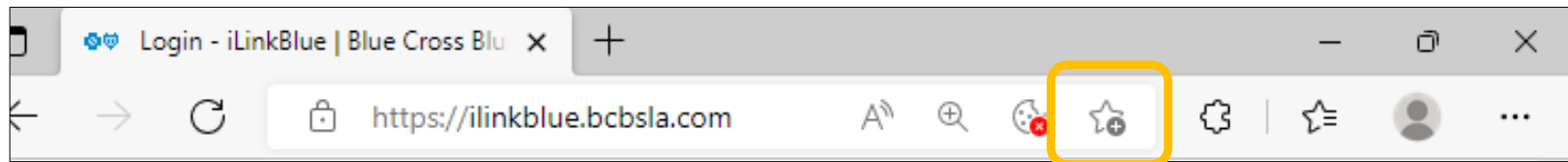


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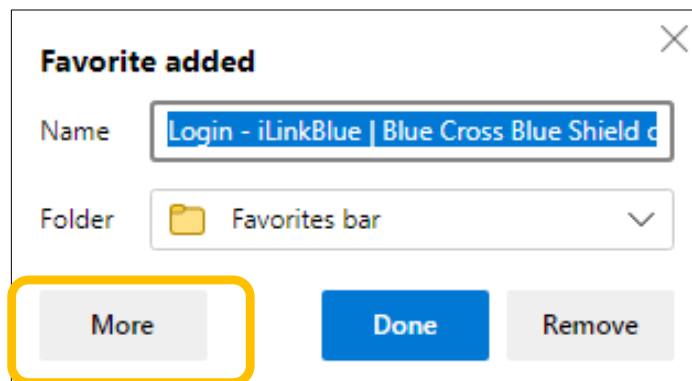
For step-by-step instructions on how to register for MFA, view our *MFA Registration Guide*. It is available at www.bcbsla.com/providers >Resources >Speed Guides.

Save to Your Favorites

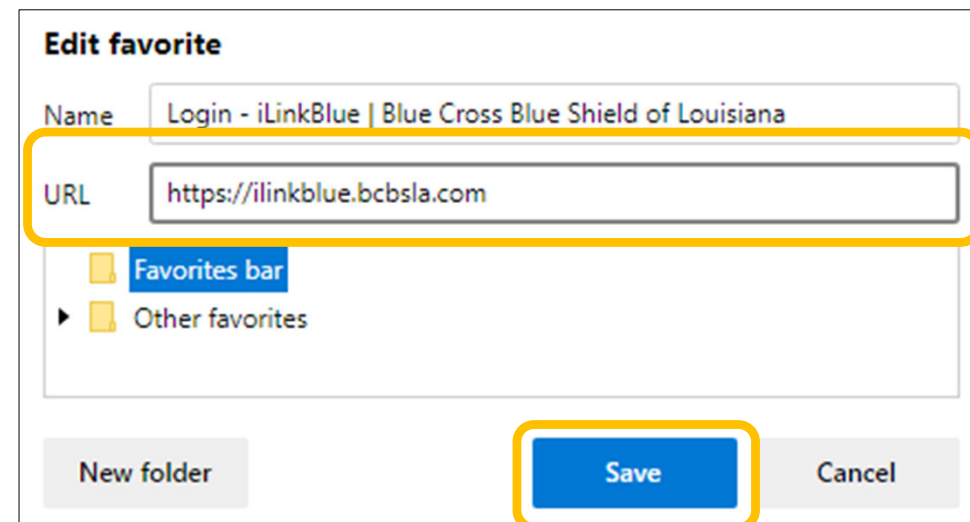
1. Open Microsoft Edge and access iLinkBlue at www.bcbsla.com/ilinkblue.
2. The "Login" screen will display. Click on the "Star Plus Sign" icon on the right of the address bar.



3. The "Favorite Added" option will display. Click on the "More" button.



4. The "Edit favorite" box will display. In the "URL" field, type "<https://ilinkblue.bcbsla.com>" and then click the "Save" button.



Navigating iLinkBlue

Top Navigation

The top navigation streamlines iLinkBlue functions under six menus. When you click a menu option, a sub-menu appears that includes relevant features.

The screenshot shows the iLinkBlue website interface. At the top, there is a navigation bar with the Louisiana logo and the iLinkBlue logo. Below the navigation bar, there are six main menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The main content area is divided into several sections. On the left, there is a 'Welcome to iLinkBlue' section with a 'Tips to Know' sub-section. In the center, there is a 'Medical Record Requests' section with a notification that the user has 10 new requests. Below this, there is a 'Document Upload' link. On the right, there is an 'Other Sites' section with links to Davis Vision Network, Dental Advantage Plus Network - United Concordia Dental, Blue Advantage, and Healthy Blue. At the bottom, there is a 'Message Board' section with an 'Important Blue Cross Messages' sub-section. A search bar and several quick links are also visible.

Quick Links

This area contains shortcuts to the six most-used iLinkBlue functions.

Medical Record Requests

Providers receive an alert when they have Out of Area Medical Record Requests for BlueCard members. To view these requests, click the "Out of Area Medical Record Requests" link on the alert. This does not include medical record requests for BCBSLA members. To upload medical records and other documents, click the "Document Upload" link.

Message Board

Contains up-to-the minute posts for upcoming events, new features, system outages, holiday notices and other important bulletins.

Other Sites

Includes quick access to other sites providers might need to access.

BCBSLA Members

[Coverage Information](#)

BlueCard - Out of Area Members

[Submit Eligibility Request \(270\)](#)

[View Eligibility Response \(271\)](#)

Coverage

Coverage Information

BCBSLA Members

Coverage Information

Enter the member ID number to view coverage information for:

- Blue Cross and Blue Shield of Louisiana (BCBSLA) members (including HMO Louisiana, Inc. members)
- Federal Employee Program (FEP) members. This section is not used for out-of-area members.

The screenshot shows a web application interface for searching coverage information. At the top, there is a navigation bar with a home icon and several menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. Below the navigation bar is a header section titled "Coverage Information" with a subtitle: "Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits." The main content area is divided into two steps: 1. Select Search Criteria, and 2. Enter Contract or Social Security Number. Under step 1, there are three radio button options: BCBSLA (which is selected), FEP, and Social Security Number. Under step 2, there is a text input field labeled "Enter BCBSLA contract number..." and a blue "Search" button.

- Tips**
- BCBSLA – do not include the member’s prefix
 - FEP – must include the letter “R”



If you do not have the member ID number, search using the subscriber’s Social Security number (SSN). iLinkBlue will return results with the member ID number. An error message will display if searching by a dependent’s SSN. It must be the SSN of the policy holder.

Coverage Information

BCBSLA Members

Coverage Information

This screen identifies members covered on a policy, effective date and the status of the contract (active, pending, cancelled).

- The **View ID Card** button allows you to download a PDF of the member ID card.
- The **Summary** button allows you to view a benefit summary. It includes the member's cost share (deductible, copay and coinsurance) and remaining out-of-pocket amounts.
- The **Benefits** button allows you to view the coverage details of the member's benefits plan.
- The **View COB** button allows you to view coordination of benefits information.

Coverage Information
Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA

Contract Number XUA123456789 **ACTIVE COVERAGE**

Group/Non-Group Policy	Group Name	Group Number	Group OED	Minor Dep. Age Max
	TEST GROUP	123456789-0000	02/01/2000	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2020	---

John Doe **Subscriber** Sex: Male, Marriage Status: Married, Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<input type="button" value="View ID Card"/>	<input type="button" value="Summary"/>	<input type="button" value="Benefits"/> <input type="button" value="View COB"/>

Jane Doe **Spouse** Sex: Female, Date of Birth: 11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2020	---	02/01/2000	<input type="button" value="View ID Card"/>	<input type="button" value="Summary"/>	<input type="button" value="Benefits"/> <input type="button" value="View COB"/>

Jimmy Doe **Child** Sex: Male, Date of Birth: 01/01/1930

Coverage	Effective Date	Cancel Date	Original Effective Date	Coverage Views
Medical	02/01/2009	05/31/2009	02/01/2000	<input type="button" value="View ID Card"/>

Digital ID Cards

BCBSLA Members

Coverage Information

Providers can access member ID cards when researching a member's coverage information in iLinkBlue. To download a PDF of the card, click the **View ID Card** button on the Coverage Information search results, the Medical Benefits Summary page or the Medical Benefits Detail page. Digital ID cards are available for medical policies only (not vision or dental).

John Doe	Subscriber	Sex	Male				
Address	123 STREET ST. CITY, LA 70000	Marriage Status	Married				
		Date of Birth	11/30/1900				
Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits	
Medical	01/01/2020	---	02/01/2000	View ID Card	Summary	Benefits	View COB

Medical Benefits Summary

Contract Number	XUT123456789
ACTIVE COVERAGE	
Medical Effective Date	01/01/2020
Subscriber Name	John Doe
Member Name	John Doe
Member Date of Birth	11/30/1900
Relation to Subscriber	Self
Sex	Male
Contract Type	HMOLA POS

Copays

- Office Visit
- Office Visit Special
- Outpatient Surgical
- Emergency Room
- Inpatient Hospital
- Inpatient Hospital
- Inpatient Hospital
- Outpatient XRay &
- Outpatient Physical
- Outpatient Speech
- Cardiac Rehab

View ID Card

Medical Benefits Detail

Contract Number	XUT123456789
Member Name	John Doe
Member Date of Birth	11/30/1900
Contract Type	HMOLA POS

View ID Card

Digital ID Cards

BCBSLA Members

Coverage Information

Our members can also access their digital ID cards through:

Smartphone or device

Blue Cross and Blue Shield of Louisiana has a mobile app that members can use. In the app, they will choose the “My ID Card” option (on the front page).

Blue Cross member portal

Our members can log into their online member account at www.bcbsla.com, then choose the “My ID Card” menu option.



Coverage Information

BCBSLA Members

Coverage Information

The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) to help with premium costs.

After three months of non-payment of premium, the member's policy will terminate, **effective the date when the policy was 30 days delinquent.**

Coverage Information
Use the Coverage Information screen to search for member status, deductible, copay, coinsurance and detailed contract benefits.

BCBSLA

Contract Number XUA123456789

Group/Non-Group	Group Name	Group Number	Group OED	Minor Dep. Age Max
Group Policy	TEST GROUP	123456789-0000	02/01/2000	26

Coverage Category	Coverage Type	Effective From	Effective To
Medical	Family	01/01/2019	---

ACTIVE PENDING PREMIUM PAYMENT

Grace Period Begin Date
01/01/2020

Grace Period End Date
03/31/2020

[APTC Extended Grace Period Notice](#)

[APTC Grace Period Guide](#)

John Doe Subscriber

Address	Sex	Marriage Status	Date of Birth
123 STREET ST. CITY, LA 70000	Male	Married	11/30/1900

Coverage	Effective Date	Cancel Date	Original Effective Date	ID Card	Coverage Views	Coordination of Benefits
Medical	01/01/2019	---	02/01/2000	<input type="button" value="View ID Card"/>	<input type="button" value="Summary"/> <input type="button" value="Benefits"/>	NO COB On File

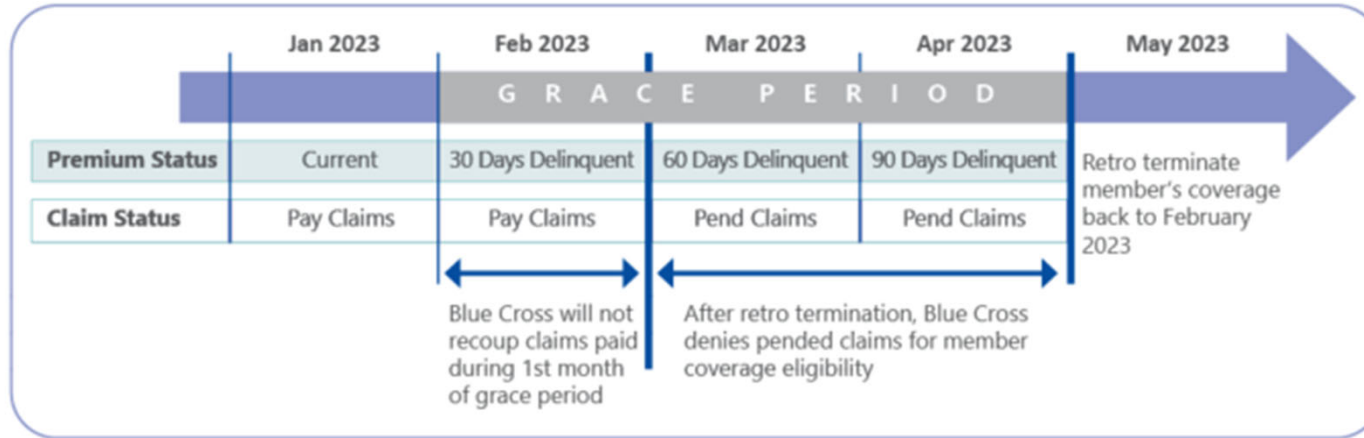
The APTC Extended Grace Period Notice is a PDF copy of the member's premium status notice that providers can print for their records.

APTC Grace Periods

BCBSLA Members

Coverage Information

Sample Grace Period Scenario:



ACTIVE COVERAGE

The APTC member is NOT delinquent or within the first month of being delinquent on their premium payment.

ACTIVE PENDING PREMIUM PAYMENT

The APTC member is within the second or third month or being delinquent on their premium payments.

INACTIVE COVERAGE

The APTC member has been terminated effective the delinquent date.

A Guide for Understanding APTC Grace Periods

The Affordable Care Act (ACA) allows eligible customers to receive an advanced premium tax credit (APTC) to help with premium costs. To be eligible for the APTC subsidy, Louisiana members must not have access to other types of coverage (from an employer, Medicare or Medicaid) and must apply for it, which is done through the health care "Marketplace" (also called "the exchange"). Open enrollment occurs each year for individuals, families and small businesses.

One feature of the APTC is that customers are given a three-month premium payment grace period to help when they have delinquent premium payments. This feature is a standard ACA requirement, regardless of the customer's health care carrier.

After the three-month period of not paying the premium, the APTC member's policy will terminate, effective to the 30-day delinquent date. Claims paid during the first month of delinquency will remain paid. Claims pending for months two and three will be denied for eligibility.

Once claims are denied for services rendered during the second and third months of the grace period, the provider may then seek reimbursement directly from the member up to the billed charge amount(s). If you have already collected the allowed amount(s) from the member, you may then collect the amounts still owed to you up to your billed charges.

Sample Grace Period Scenario

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
Premium Status	Current	30 Days Delinquent	60 Days Delinquent	90 Days Delinquent	Retro terminate member's coverage back to February 2023
Claim Status	Pay Claims	Pay Claims	Pend Claims	Pend Claims	

Blue Cross will not recoup claims paid during 1st month of grace period

After retro termination, Blue Cross denies pended claims for member coverage eligibility

Providers can research APTC premium status information for Blue Cross and Blue Shield of Louisiana members in eLIDBIT (www.tidbit.com/tidbitbit) or by electronic requests submitted to the Blue Cross Clearinghouse. The ensuing pages of this tidbit have instructions for researching any APTC grace periods a member may have.

TIDBIT12013 [More](#)

The information provided by the Health Service Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding the document, please email provider@tidbit.com or contact the Tidbit number on the back of this publication.
 10/2022, R 0202, Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

A Guide for Understanding APTC Grace Periods tidbit is available online at www.bcbsla.com/providers
 >Resources >Tidbits.

Tiered Benefits

Some members' benefits include **tiered benefit levels**. Accumulations will show deductibles and coinsurance depending on the provider's network participation. The provider must participate in the member specific select network to be considered a Tier 1 provider.

Contract Number XUT123456789		Copays		
ACTIVE COVERAGE Medical Effective Date 01/01/2021			EPO Copays	QBPC Copays
Subscriber Name	Jane Doe	Office Visit	\$15.00	---
Member Name	Jane Doe	Office Visit Specialist	\$60.00	---
Member Date of Birth	12/30/1900	Outpatient Surgical	---	---
Relation to Subscriber	Self	Emergency Room	\$350.00	---
Sex	Female	Inpatient Hospital (In-network)	---	---
Contract Type	Community Blue	Inpatient Hospital Maximum	---	---
View ID Card		Inpatient Hospital (Out-of-network)	---	---
Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than Community Blue, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.		Outpatient XRay & Lab	---	---
		Outpatient Physical Therapy	\$40.00	---
		Outpatient Speech Therapy	\$40.00	---
		Cardiac Rehab	\$40.00	---
		Vision Services	---	---
		Outpatient Professional	---	---
		*For a complete listing of services that are subject to copays, please view the 'Contract Benefits' section of iLinkBlue.		

Accumulations	Tier 1	Tier 2	Tier 3	Coinsurance	
	Community Blue Network	Out of Network Preferred	Out of Network Non-Preferred	BCBSLA Coverage	Member Responsibility
Deductible Amount	\$1,000.00	\$5,000.00	\$5,000.00	Tier 1 Community Blue Network	80% / 20%
Deductible Remaining	\$1,000.00	\$5,000.00	\$5,000.00	Tier 2 Out of Network Preferred	60% / 40%
Out-of-Pocket Amount	\$7,350.00	\$14,700.00	\$14,700.00	Tier 3 Out of Network Non-Preferred	60% / 40%
Out-of-Pocket Remaining	\$7,350.00	\$14,700.00	\$14,700.00		

Medical Benefits Summary page shown above.

Tiered Benefits

Enhanced Tier 1 In-network Preferred	Tier 1 In-network Preferred	Tier 2 Out-of-network Preferred	Tier 3 Out-of-network Non-Preferred
<p>Select providers in the Precision Blue network.</p>	<p>Providers in the member's network.</p>	<p>Providers participating with Blue Cross but NOT in the member's network.</p>	<p>Non-participating providers (do not participate in any Blue Cross network).</p>
<p>Member Benefit Plan:</p>			
<p>Precision Blue Only</p>	<ul style="list-style-type: none"> • Blue Connect • Community Blue • Precision Blue • Signature Blue 	<ul style="list-style-type: none"> • Blue Connect • Community Blue • Precision Blue • Signature Blue 	<ul style="list-style-type: none"> • Blue Connect • Community Blue • Precision Blue • Signature Blue
<p>Example Scenarios:</p>			
<ul style="list-style-type: none"> • Precision Blue member sees a select Precision Blue network provider. • The accumulations and copayments identified as Enhanced Tier 1 are applied. • Provider may not bill the member for any amount over the allowed amount. 	<ul style="list-style-type: none"> • Community Blue member sees a Community Blue network provider. • The accumulations, copayments and coinsurance identified as Tier 1 apply. • Provider may not bill the member for any amount over the allowed amount. 	<ul style="list-style-type: none"> • A Community Blue member sees a Signature Blue network provider. • The accumulations, copayments and coinsurance identified as Tier 2 apply. • Provider may not bill the member for any amount over the allowed amount. 	<ul style="list-style-type: none"> • A Community Blue member sees a non-participating provider. • The accumulations, copayments and coinsurance identified as Tier 3 apply. • Provider can bill the member for any amount over the allowed amount.

Tiered Benefits

BCBSLA Members

Coverage Information

Precision Blue will display Enhanced Tier 1 copayment information for members. Precision Blue will apply in-network benefits to Enhanced Tier 1 and Tier 1 providers.

Contract Number	FQA123456789
ACTIVE COVERAGE	
Medical Effective Date	01/01/2021
Subscriber Name	Peggy Public
Member Name	Peggy Public
Member Date of Birth	1/15/1900
Relation to Subscriber	Self
Sex	Female
Contract Type	Group Precision Blue
View ID Card	
Note: If you are contracted with any Blue Cross and Blue Shield of Louisiana or HMO LA network other than Precision Blue, you are Tier 2 for this product and may not bill the member for any amount over the allowed amount.	

Copays		EPO Copays	QBPC Copays
Office Visit	\$15.00	---	---
Office Visit Specialist	\$60.00	---	---
Enhanced Tier 1 Office Visit	\$0.00	---	---
Enhanced Tier 1 Office Visit Specialist	\$45.00	---	---
Outpatient Surgical	---	---	---
Emergency Room	\$350.00	---	---
Inpatient Hospital (In-network)	---	---	---
Inpatient Hospital Maximum	---	---	---
Inpatient Hospital (Out-of-network)	---	---	---
Outpatient XRay & Lab	---	---	---
Outpatient Physical Therapy	\$40.00	---	---
Outpatient Speech Therapy	\$40.00	---	---
Cardiac Rehab	\$40.00	---	---
Vision Services	---	---	---
Outpatient Professional	---	---	---

Note: The other select networks do not have an Enhanced Tier 1 and will only apply in-network benefits to a Tier 1 provider.

Coverage – Out of Area

BlueCard - Out of Area Members

[Submit Eligibility Request \(270\)](#)

[View Eligibility Response \(271\)](#)

Use this section to research coverage information for a **BlueCard**[®] (out-of-area) member. This is someone insured through a Blue Plan other than Blue Cross and Blue Shield of Louisiana.

Submit Eligibility Request (270) – submit an electronic eligibility inquiry to the BlueCard member's Blue Plan. Enter the member's prefix (first three characters of the member ID number) and contract number.

Eligibility Request (270)

Contract Information

Prefix* Contract Number*

Patient Information

First Name* Middle Last Name* Suffix

Date of Birth Gender Service Type*

Subscriber Information
Only required if patient and subscriber are not the same

First Name Middle Last Name Suffix

Coverage – Out of Area

BlueCard - Out of Area Members


[Submit Eligibility Request \(270\)](#)

[View Eligibility Response \(271\)](#)

[View Eligibility Response \(271\)](#) – access the electronic response from the member's Blue Plan. Though not immediate, Blue Plans usually transmit out of area responses back within less than a minute. iLinkBlue retains eligibility responses for 21 days.

Eligibility Responses (271)

 Delete

	<u>Contract/ID Number</u>	<u>Subscriber Name (Last, First)</u>	<u>Patient Name (Last, First)</u>	<u>Current Policy Effective Date</u>	<u>View Response</u>
<input type="checkbox"/>	XXX123456789	Doe, John	Doe, Jane	01/01/2019	View Detail

Eligibility responses will be retained for 21 days.

BlueCard Eligibility Coverage Inquiries 1-800-676-BLUE (2583).

Claims Research

- [Claims Status Search](#)
- [Action Request Inquiry](#)
- [Dental Advantage Plus Network - United Concordia Dental](#)
- [Davis Vision Network](#)

Medical Code Editing

- [Claims Edit System](#)

BlueCard - Out of Area Claims Status

- [Submit OOA Claims Status Request \(276\)](#)
- [View OOA Claims Status Response \(277\)](#)

Medical Records

- [Out of Area Medical Record Requests](#)
- [Document Upload](#)

Claims Entry & Reports

- [Blue Cross Professional Claims Entry \(1500\)](#)
- [Service Facility Location Information \(1500\)](#)
- [Blue Cross Claims Confirmation Reports](#)

Claims

Claims Research

Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#) 

[Davis Vision Network](#) 

Claims Status Search – research paid/rejected or pended claims. You can also search by claim number.


Research BCBSLA, FEP and BlueCard - Out of Area claims.

Paid/Rejected Search



Claims Status

To begin your search for claims status click on one of the tabs below.

Paid/Rejected | Pended | Claim Number | Unbundling Reports

1 Select a Provider
Choose one 

2 Narrow Your Search
 BCBSLA / FEP
 BlueCard - Out of Area

3 Date of Service *optional*
From 
To 06/15/2023 

Search

Claims Status Search

Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental](#) ?

[Davis Vision Network](#) ?

The **Paid/Rejected Claims** results screen provides information on paid or rejected claims. This includes amounts applied toward the deductible, copay, coinsurance or ineligible/rejected amounts.

For more information, click on:

- **Claim Number** to open a Claims Detail summary page for that processed claim line.
- **Ineligible/Rejected Amount** to view a code and description of the reason the amount was not paid.

Paid/Rejected Claims Results

Showing 10 records Filter:

Claim Number	Patient Account Number	NPI	Date of Service	Processed Date	Paid Date	Payee	CPT/ HCPCS Code	Amount Charged	Deductible	Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
12345678900-1	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8752	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	
12345678900-2	ABC001234567	123456789	03/23/2019	04/23/2019	04/26/2019	P	G8427	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	
19876543200-1	ABC001234567	123456789	03/16/2019	04/09/2019	04/12/2019	P	99214	\$160.00	\$0.00	\$0.00	\$0.00	\$101.00	\$59.00	

Claims Research

Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental ?](#)

[Davis Vision Network ?](#)

The **Pended Search** results screen provides information on claims that have pended.

The screenshot shows the 'Claims Research' interface with the 'Pended' tab selected. The search criteria are as follows:

- 1 Select a Provider:** A dropdown menu with 'Choose one' selected.
- 2 Narrow Your Search:** Radio buttons for 'BCBSLA / FEP' (selected), 'BlueCard - Out of Area', 'APTC Grace Period', and 'All'. The 'BCBSLA / FEP' option is marked as 'optional'.
- 3 Date of Service (optional):** Date range fields for 'From' and 'To'. The 'To' field is set to '06/28/2023'.

A blue 'Search' button is located at the bottom right of the form.

1. Select the appropriate provider
2. Determine what type of claim are searching (BCBLSA, FEP, etc.)
3. Enter date range

To view all pended claims, leave the "From" date of service field blank. The "To" date of service field will default to the current date.

Claims Status Search

Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)




[Dental Advantage Plus Network - United Concordia](#)

[Dental ?](#)

[Davis Vision Network ?](#)

The **Pended Claims Results** screen provides information on pended claims on file. Click on a claim number to open the **Claims Detail** summary page for that claim. For more information, click on:

- **Claim Number** to open a Claims Detail summary page for that pended claim line.
- **Pended Error Code** to open a brief description of the reason the claim is pending.

Pended Claims Results							
Showing 10 records		Filter: <input type="text"/>					
Claim Number	Patient Account Number	Date of Service	Patient Name	Amount Charged	CPT/HCPCS Code	Pended Error Code	Action Request
14572368900-1	H400000001234567	04/11/2019	John Doe	\$513.00	29581PO	SL16	 AR
18976543200-1	H400000007654321	04/11/2019	Peggy Public	\$544.38	11900PO	SL16	 AR
16789854100-1	H400000003216547	04/07/2019	Jane Smith	\$167.00	99211	SL16	 AR

Claims Research

Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia](#)

[Dental ?](#)

[Davis Vision Network ?](#)

The **Claim Number Search** allows you to search by specific claim number.

The screenshot shows a web interface for 'Claim Number Search'. At the top, there are three tabs: 'Paid/Rejected', 'Pended', and 'Claim Number'. The 'Claim Number' tab is highlighted with a yellow border. Below the tabs, there are two numbered steps: '1 Select a Provider' and '2 Enter a Claim Number'. Step 1 is a dropdown menu with 'Choose one' and a downward arrow. Step 2 is a text input field labeled 'Claim #'. At the bottom right, there is a blue 'Search' button.

Action Requests



Claims Research

- [Claims Status Search](#)
- [Action Request Inquiry](#)
- [Dental Advantage Plus Network - United Concordia Dental](#)
- [Davis Vision Network](#)

Have a claims issue?

Action requests allow you to electronically send questions or concerns about a claim to Blue Cross. On each claim, providers can submit an action request. The electronic form will prepopulate with information on the specific claim. There are multiple places within iLinkBlue that include the action request option.

Filter:

Copay	Coinsurance	Total Paid	Ineligible/ Rejected Amount	Action Request
\$0.00	\$0.00	\$0.00	\$1.00	
\$0.00	\$0.00	\$101.00	\$59.00	


on the [Paid/Rejected Claims Results](#) screen

and

on the [Pended Claims Results](#) screen

Claim Number 12345678900-1

iLinkBlue Number 12345
NPI 123456789



on the [Claims Detail](#) screen

Action Requests

Claims Research

[Claims Status Search](#)

[Action Request Inquiry](#)

[Dental Advantage Plus Network - United Concordia Dental](#) ?

[Davis Vision Network](#) ?

Submit Action Request

To submit an action request, complete the fields below.

Action

First Name

Last Name

Phone Number

Notes

Claim Details
Contract Number
Claim Number
Date of Service
Date Processed

When submitting an Action Request:

- Include your contact information.
- Be specific and detailed.
- Allow 10-15 working days for a response to each request.
- Check in Action Request Inquiry for a response.
- Submit a second request if there was no resolution.

BlueCard – Out of Area Claims Status

We recommend using the [Claims Status Search](#) for claims research where Action Requests are available, if needed.

If your claim can not be found using the Claims Status Search, the below features are available to search out of area claims status:

- [Submit OOA Claims Status Request \(276\)](#) – submit an electronic claim status inquiry to the out-of-area member’s Blue Plan.
- [View OOA Claims Status Response \(277\)](#) – access the electronic response from the member’s Blue Plan. Though not immediate, Blue Plans usually transmit out of area responses back within less than a minute.

The screenshot shows the BlueCard website navigation menu. The top navigation bar includes: Home, Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Claims' menu is expanded, showing several categories:

- Claims Research**
 - Claims Status Search
 - Action Request Inquiry
 - Dental Advantage Plus Network - United Concordia
 - Dental ?
 - Davis Vision Network ?
- BlueCard - Out of Area Claims Status** (highlighted with a yellow box)
 - Submit OOA Claims Status Request (276)
 - View OOA Claims Status Response (277)
- Claims Entry & Reports**
 - Blue Cross Professional Claims Entry (1500)
 - Service Facility Location Information (1500)
 - Blue Cross Claims Confirmation Reports
- Medical Code Editing**
 - Claims Edit System
- Medical Records**
 - Out of Area Medical Record Requests
 - Document Upload

Submitting Claims in iLinkBlue

The screenshot shows the iLinkBlue interface with the 'Claims' menu highlighted. The 'Claims Entry & Reports' section is highlighted with a yellow border and contains the following links:

- Blue Cross Professional Claims Entry (1500)
- Service Facility Location Information (1500)
- Blue Cross Claims Confirmation Reports

- Only providers who bill on a **HCFA 1500 form (02-12)** can submit claims through iLinkBlue. There is no fee attached for this service.
- On the electronic iLinkBlue claim form, required fields are highlighted. If the claim entry contains errors, an Error Message advises that corrections can be made prior to submission.

Submitting Claims in iLinkBlue

Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Claims Confirmation Reports

Blue Cross Professional Claims Entry (1500) – follows the format of the HCFA 1500 form R (02-12).

If the claim entry contains errors, the edits will be listed under the “Error Messages” section at the top of the screen.

The screenshot shows a claims entry form with several sections. At the top left, a yellow box highlights the 'Error Messages:' section. To the right of this box is a text input field labeled '1a. Insured's ID#'. Below these are three main columns of form fields:

- 2. Patient's Name:** LAST, FIRST, MI
- 3. Patient's Birth Date:** MM/DD/YYYY
- Sex:** Male (radio button), Female (radio button)
- 4. Insured's Name:** LAST, FIRST, MI
- 5. Patient's Address:** NO. STREET, City, State (LA), Zip Code, Phone
- 6. Patient's Relationship to Insured:** Select (dropdown menu)
- 7. Insured's Address:** NO. STREET, City, State (LA), Zip Code, Phone
- 8. Reserved for NUCC Use:** (empty text field)

When the claim is submitted and accepted, the provider will receive a confirmation message.

Claim for 12345678901; DOE, JANE has been submitted

Submitting Claims in iLinkBlue

Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Claims Confirmation Reports

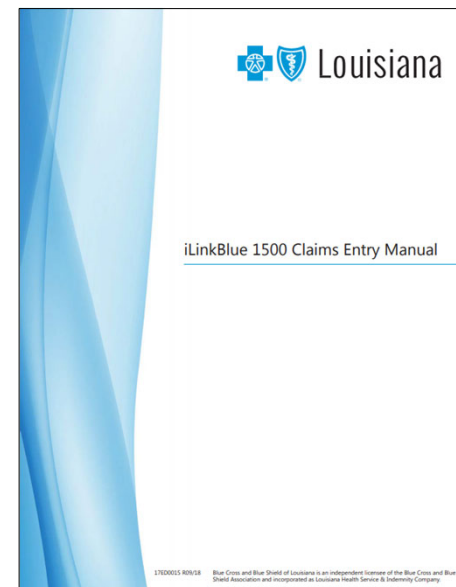


If you click the **Submit Claim** button and are sent to the iLinkBlue login screen, you were logged out because of inactivity.



During claim entry, if you stop to research information like a diagnosis or procedure code, be aware that security features of iLinkBlue will log you out **after 15 minutes of inactivity**.

For complete instructions on using the 1500 Form claim entry application, view our *iLinkBlue 1500 Claims Entry Manual* available under the Resources menu in iLinkBlue.



Blue Cross Confirmation Reports

Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Claims Confirmation Reports

These reports allow providers to research Claims Confirmation for electronically submitted claims.

- Daily reports confirm if your claims submitted directly through iLinkBlue, billing agency or clearinghouse were accepted.
- Reports are available up to 120 days.
- The returned reports will display by date.

Blue Cross Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
 Accepted
 Not Accepted

3 Date Range *optional*
From Date:
To Date: 04/15/2019

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

[Search](#)

Search Results for Accepted Claims

NPI 1234567890 [View Report](#)

- 04/13/2019
- 04/12/2019
- 04/11/2019
- 04/10/2019
- 04/09/2019

Blue Cross Confirmation Reports

Claims Entry & Reports

Blue Cross Professional Claims Entry (1500)

Service Facility Location Information (1500)

Blue Cross Claims Confirmation Reports

- If you do not enter dates in the application's optional date range field, the returned results will list the last five reports by the date processed by Blue Cross. Click on a date under View Report to open that report.
- If you use a billing agency or clearinghouse, you can still use this application to confirm the claims processing systems at Blue Cross accepted your claims.

Blue Cross Claims Confirmation Reports

1 Select a Provider
1234567890

2 Report Type
 Accepted
 Not Accepted

3 Date Range *optional*
From Date:
To Date: 04/15/2019

Claims listed on the Accepted Report have moved into the BCBS claims processing system and require no further action. Claims listed on the Not Accepted Report contain errors and require correction and resubmission.

[Search](#)

Search Results for Accepted Claims

NPI	1234567890	View Report
		04/13/2019
		04/12/2019
		04/11/2019
		04/10/2019
		04/09/2019

Reports are available within 24 hours of submitting claims prior to 3 p.m. CT and are available for up to 120 days.

Blue Cross Confirmation Reports

Claims Entry & Reports

- Blue Cross Professional Claims Entry (1500)
- Service Facility Location Information (1500)
- Blue Cross Claims Confirmation Reports

Confirmation Reports indicate detailed claim information on transactions that were accepted or not accepted for processing. Providers are responsible for reviewing these reports and correcting claims on the Not Accepted report.

Accepted Report Example

**Blue Cross and Blue Shield of Louisiana
837 Accepted / Not Accepted / Warning Report
Professional Claims Report**

SUBMITTER NUMBER: P0123456789 SUBMITTER: ABCTESTCO
 BC Red # 1234T5678Z NPI# 1234567891 PROVIDER: TEST REGIONAL HOSPITAL
 BC ID # T5678 RECEIVING DATE: 04-12-19 PROCESSING DATE: 04-12-19

PAGE 1

837P ACCEPTED REPORT

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	CH TRACKING NUMBER
L12345678	DOE	JOHN	XUA123458789	040819	040819	125.00	123459876123

PROVIDER BC ID # T5678 837P SUMMARY:
 837P TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00
 837P TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00
 837P TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:
 TOTAL CLAIMS ACCEPTED: 1 CLAIMS FOR \$125.00
 TOTAL CLAIMS NOT ACCEPTED: 0 CLAIMS FOR \$0.00
 GRAND TOTAL CLAIMS: 1 CLAIMS FOR \$125.00

Non-Accepted Report Example

**Blue Cross and Blue Shield of Louisiana
837 Accepted / Not Accepted / Warning Report
Professional Claims Report**

SUBMITTER NUMBER: P0123456789 SUBMITTER: ABCTESTCO
 BC Red # 1234T5678Z NPI# 1234567891 PROVIDER: TEST REGIONAL HOSPITAL
 BC ID # T5678 RECEIVING DATE: 04-12-19 PROCESSING DATE: 04-12-19

PAGE 1

837P NOT ACCEPTED REPORT

PATIENT ACCOUNT NUM	PATIENT LAST NM	PATIENT FIRST NM	BC CONTRACT NUMBER	FROM DATE	THRU DATE	CLAIM AMOUNT	ERROR DESCRIPTION	ERROR DATA
L12345678	DOE	JOHN	XUA123458789	040419	040419	206.00	PROVIDER LOCATION IRS CONFLICT	987654321
L78945612	PUBLIC	PEGGY	XUH321456987	032019	032019	206.00	PROVIDER LOCATION IRS CONFLICT	987654321

PROVIDER BC ID # T5678 837P SUMMARY:
 837P TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00
 837P TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00
 837P TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

SUBMITTER: P0123456789 BHT03: 123456 TOTAL TRANSACTION SUMMARY:
 TOTAL CLAIMS ACCEPTED: 0 CLAIMS FOR \$0.00
 TOTAL CLAIMS NOT ACCEPTED: 2 CLAIMS FOR \$412.00
 GRAND TOTAL CLAIMS: 2 CLAIMS FOR \$412.00

Medical Code Editing

Use this section to evaluate code combinations to help reduce time-consuming disputes.

Claims Edit System (CES) – This is an easy-to-use code-auditing reference application designed to help providers determine claim edit outcomes.

The CES application in iLinkBlue is not a pricing or a claims processing application. It is a research application designed to evaluate code combinations in the Blue Cross claims-editing system.

The screenshot shows a navigation menu with a dark blue header containing a home icon and several menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Claims' menu item is highlighted with a yellow underline. Below the header, there are several white panels with dark blue titles. The 'Claims Research' panel includes links for Claims Status Search, Action Request Inquiry, Dental Advantage Plus Network - United Concordia Dental, and Davis Vision Network. The 'BlueCard - Out of Area Claims Status' panel includes Submit OOA Claims Status Request (276) and View OOA Claims Status Response (277). The 'Claims Entry & Reports' panel includes Blue Cross Professional Claims Entry (1500), Service Facility Location Information (1500), and Blue Cross Claims Confirmation Reports. The 'Medical Code Editing' panel is highlighted with a yellow border and includes the link Claims Edit System. The 'Medical Records' panel includes Out of Area Medical Record Requests and Document Upload.

Medical Code Editing

The first screen you encounter in the CES application is the Claim Entry screen. It includes a tab for both professional and outpatient facility claims. Please make sure to select the correct tab for the applicable claim entry, as the edits and modifiers are not the same.

Louisiana

Professional Claim Entry | Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Gender: Male | Date of Birth: | Claim Type: Professional

Add Lines | Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1					
2					
3					

Medical Code Editing

When entering CPT[®]/HCPCS codes into the CES application, remember the following:

- ✓ The CES application does not guarantee claims payment.
- ✓ The results of the software do not consider all circumstances and factors that may affect payment including, but may not be limited to:

For Professional Claim Entry:

- Historical claims previously billed
- Units billed
- Global day edits for procedures
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits

For Facility Claim Entry:

- Historical claims previously billed
- Multiple procedure reduction
- Member benefits and eligibility
- Provider contracts
- Modifiers that override edits
- Max frequency edits

CES - Professional Claims

Medical Code Editing

Claims Edit System

Louisiana

Professional Claim Entry | Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient and Ambulatory Surgery Center edits. Please do not use this tool for Inpatient edits.

Gender: Male | Date of Birth: | Claim Type: Professional

Add Lines | Submit

Line	Beg DOS	End DOS	Procedure	Modifier	Units
1	06/26/2019	06/26/2019	99201		1
2	06/26/2019	06/26/2019	81002		1
3	06/26/2019	06/26/2019	81003		1

Privacy Policy | Terms and Conditions

Our **Claims Editing System (CES)** calculates code-edit outcomes. On the **Professional Claim Entry** screen, you can enter codes for a professional claim. The available fields and accepted values include:

- Gender
- Date of Birth
- Claim type – select professional
- Beginning date of service (DOS)
- End date of service (DOS)
- Procedure – Valid CPT code must be submitted
- Modifier – Appropriate modifier for this CPT code
- Units – Enter the number of units, this field defaults to a value of one

Click the “Add Lines” button if more than three codes are on your claim. After entering all applicable information, click “Submit” to generate CES system review results.

CES - Professional Claims

The Results

The claim line information entered by the user displays under **Original Lines**. The Blue Cross CES system review of the claim lines appear under the **Claims Analysis Results**.

- When the claim line is compatible, no edit results are generated. The Flag Status will indicate "CLEAN LINE."
- When the claim line is not compatible, the Flag Status displays information on the potential claim edit.

The screenshot displays the Louisiana Professional Claim Entry interface. At the top, there are logos for Louisiana and Blue Cross of Louisiana. The page title is "Louisiana" and the sub-header is "Professional Claim Entry". A warning message states: "This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits." There are buttons for "Export to PDF" and "New Claim".

Below the warning, the user information is displayed: Gender: M, Birth Year: , Claim Type: Professional.

The "Original Lines" section contains a table with the following data:

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	06/26/2019	06/26/2019	99201		1	A
2	06/26/2019	06/26/2019	81002		1	A
3	06/26/2019	06/26/2019	81003		1	A

The "Claim Analysis Results" section contains a table with the following data:

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags
1	99201	1	0.0	CLEAN LINE
2	81002	1	0.0	[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0_390116, Ext/Int Line ID3.
3	81003	1	0.0	CLEAN LINE

Below the table, there is a detailed view of the flag for line 2:

Flag Description	Flag Status	Disclosure
[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0_390116, Ext/Int Line ID3.	Deny	An Unbundled Procedure flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies. Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted.

CES - Professional Claims

The Results

In the example below, the Claim Analysis Results show that the Blue Cross CES system lets all procedure codes be entered on the claim. For example: CPT codes 99201, 81002 and 81003.

The results will show procedure code 81002 would deny because it has an exclusive relationship with code 81003.

The screenshot displays the Louisiana Professional Claim Entry interface. At the top left are the Louisiana state logo and the Blue Cross of Louisiana logo. The title "Louisiana" is prominently displayed. Below the title, there are tabs for "Professional Claim Entry" and "Facility Claim Entry". A red warning message states: "This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits." To the right of this message are buttons for "Export to PDF" and "New Claim".

Below the warning, the patient information is shown: "Gender: M Birth Year: Claim Type: Professional".

The "Original Lines" section contains a table with the following data:

Line	Beg DOS	End DOS	Procedure	Modifier	Units	Status
1	06/26/2019	06/26/2019	99201		1	A
2	06/26/2019	06/26/2019	81002		1	A
3	06/26/2019	06/26/2019	81003		1	A

The "Claim Analysis Results" section contains a table with the following data:

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags
1	99201	1	0.0	CLEAN LINE
2	81002	1	0.0	[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0.390116, Ext/Int Line ID3.
3	81003	1	0.0	CLEAN LINE

Below the table, there is a detailed view for the denied line (Line 2). It includes a "Flag Description" field with the text: "[Pattern 23400] Procedure Code 81002 has an exclusive relationship with Procedure Code 81003 on Claim Portal Claim_0.390116, Ext/Int Line ID3." The "Flag Status" is "Deny". The "Disclosure" field contains the text: "An Unbundled Procedure flag identified procedure codes that should not be submitted together. An appropriate modifier may override the relationship. This is based on guidelines from nationally recognized sources, such as the Centers for Medicare and Medicaid Services (CMS) and recognized coding guidelines from the American Medical Association (AMA) and various specialty societies." Below this, there is a smaller disclosure: "Certain CPT and HCPCS codes are considered unbundled, incidental or exclusive and should not be submitted."

CES - Professional Claims

What **edits** or **overrides** are included in our CES logic?

The CES application includes the following edits or overrides as they apply to a single code or code pairs:

- Modifier 25, 59 and 57 edit overrides
- Age edits
- Duplicate edits
- Mutually exclusive edits
- Incidental edits
- Visit processing edits
- Assist at surgery edits
- Pre/post op processing edits



CES - Facility Claims

Medical Code Editing

Claims Edit System

Louisiana

Professional Claim Entry | **Facility Claim Entry**

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Type Inpatient Outpatient

Type of Bill Claim Type **Facility Outpatient** Statement From Through

Patient Information

Gender **Male** Date of Birth Patient Status

Add Lines

Line	HCPCS/HIPPS	Modifier	Date	Units
1	<input type="text"/>	<input type="text"/>	06/26/2019	1
2	<input type="text"/>	<input type="text"/>	06/26/2019	1
3	<input type="text"/>	<input type="text"/>	06/26/2019	1

The **Facility Claim Entry** screen is for entering codes for hospital outpatient and ambulatory surgery center (ASC) claims. **Do not use for inpatient claim edits.**

Required Fields:

- Type – select outpatient
- Type of Bill – enter an appropriate 3-digit type of bill
- Claim Type – select Facility Outpatient
- Statement From/Through – date range of the procedure
- Gender – this field defaults to Male
- Date of Birth
- Patient Status – enter appropriate 2-digit patient status
- HCPCS/HIPPS – enter the valid CPT/HCPCS code
- Modifier – appropriate modifier for this CPT code
- Units – enter the number of units, this field defaults to a value of one

CES - Facility Claims

Medical Code Editing

Claims Edit System



Louisiana

Professional Claim Entry

Facility Claim Entry

This tool is applicable for Professional edits or Facility Outpatient edits. Please do not use this tool for Inpatient edits.

Export to PDF

New Claim

Type: Outpatient

Type of Bill 131 Claim Type Facility Outpatient Statement From 06/26/2019 Through 06/26/2019

Patient Information

Gender M Birth Year Patient Status

Claim Analysis Results

Line ID				Flags
CLAIM				CLEAN CLAIM

Line ID	Adj. Procedure Code	Adj. Units	Adj. Change	Flags
1	36415	0	0.0	
2	83625	1	0.0	CLEAN LINE

Flag Description	Flag Status	Disclosure
[DDR LT-RT Updated BCLA4692] Procedure code 36415 is considered to be a component of the comprehensive code 83625 on claim ID PortalClaim_0.150630 Line ID 2 and this line should be denied. Review documentation to determine if a modifier is appropriate.	Deny	The 040CCO edit identified the column 2 code of a Column1/Column 2 Correct Coding edit, indicating that this code should not be reported along with the column 1 code on the same date of service. This edit evaluates services billed on a current claim and services billed on
[DDR BCLA9 FE]. Venipuncture service 36415 was billed within 3 days prior to lab service submitted on claim [PortalClaim_0.150630]	Deny	

Code Type:

Diagnoses

Diagnosis	Code
Principal	

Reason(s) for Visit

Diagnosis

Original Lines

Line	Rev Code	Modifier	Date	Units
1			06/26/2019	1
2			06/26/2019	1

Medical Records

Use this section to view medical record requests for your Out of Area (BlueCard®) patients. You can also securely upload documents to select Blue Cross departments.

The screenshot displays a web application interface with a dark blue navigation bar at the top. The navigation bar contains a home icon and several menu items: Coverage, Claims, Payments, Authorizations, Quality & Treatment, and Resources. The 'Claims' menu item is highlighted with a yellow underline. Below the navigation bar, the main content area is organized into a grid of service tiles. The tiles are arranged in two rows. The first row contains three tiles: 'Claims Research', 'BlueCard - Out of Area Claims Status', and 'Claims Entry & Reports'. The second row contains two tiles: 'Medical Code Editing' and 'Medical Records'. The 'Medical Records' tile is highlighted with a yellow border. The 'Medical Records' tile contains two sub-items: 'Out of Area Medical Record Requests' and 'Document Upload'.

Claims Research	BlueCard - Out of Area Claims Status	Claims Entry & Reports
Claims Status Search	Submit OOA Claims Status Request (276)	Blue Cross Professional Claims Entry (1500)
Action Request Inquiry	View OOA Claims Status Response (277)	Service Facility Location Information (1500)
Dental Advantage Plus Network - United Concordia		Blue Cross Claims Confirmation Reports
Dental ?		
Davis Vision Network ?		

Medical Code Editing	Medical Records
Claims Edit System	Out of Area Medical Record Requests
	Document Upload

Medical Records

Medical Records

Out of Area Medical Record Requests

Document Upload

Use the **Out of Area Medical Record Requests** option to research requests for medical records for **BlueCard** (out-of-area) member claims. You can research completed requests and Blue Cross receipt confirmation.

For more information on out of area medical record requests, view our Medical Record Guidelines for BlueCard® provider tidbit.

It is available online; www.bcbsla.com/providers, click on "Resources" and look under "Tidbits."

Medical Record Requests - Out of Area

Make selections below to complete research and handling of Medical Requests for out of area BCBS patients. Claims pended for medical records cannot complete processing until we receive the information requested.

1 Request Status

Outstanding Requests

Requests Completed by Provider

Requests Received by BCBSLA

2 Select Provider

Search Records

This application is not for medical record requests for Blue Cross and Blue Shield of Louisiana (including HMO Louisiana) members.

The screenshot shows the Louisiana providerTIDBIT website. At the top, it says "Louisiana providerTIDBIT a guide to understanding our processes". Below this is a navigation menu with icons for Coverage, Claims, Payments, Authorizations, Quality & Network, Resources, and Alerts. The main content area is titled "Medical Record Guidelines for BlueCard®" and contains a list of instructions for providers. A "Welcome to iLinkBlue" notification is also visible, stating "You have 3 new Medical Record Requests that require action".

Medical Record Guidelines for BlueCard®

- Always direct medical records submissions to Blue Cross and Blue Shield of Louisiana when requested. You will be alerted of BlueCard medical record requests through our secure online tool iLinkBlue (www.BCBSLA.com/iLinkBlue). These alerts will be visible on the iLinkBlue home page.
- If a claim denies for one of the following reasons: "lack of information received," "additional information needed" or "waiting on requested information," wait until you receive a medical records request in iLinkBlue before submitting records. For these types of denials, providers should wait 10 business days to allow us time to send a request for medical records. If you do not receive a request after 10 business days, contact customer service to verify the exact information needed.
- Send medical records to us within 10 business days after receiving an alert.
- Include a printed copy of the iLinkBlue medical record alert as the cover or first page of your submission.

DO NOT submit BlueCard Medical Records:

- unless you receive a request from Blue Cross and Blue Shield of Louisiana
- with a copy of the original claim as an attachment
- without the request for medical records notification from iLinkBlue attached by certified mail

Once confirmed that we received your records, please allow 30 days for Blue Cross and Blue Shield of Louisiana and/or the member's Blue Plan to complete the review process. If you receive no response after 30 days, please follow up with us by calling the Customer Care Center at 1-800-922-8866.

TS00022019
This publication is provided by the Health Services Division of Blue Cross and Blue Shield of Louisiana. If you have a question regarding this document, please email providercommunications@bcbsla.com and reference the Tidbit number and the title of this publication.
98091718 01/21
Last reviewed on: 01-11-21
Blue Cross and Blue Shield of Louisiana is an Independent Service of the Blue Cross Blue Shield Association.

Document Upload


Medical Records

Out of Area Medical Record Requests

Document Upload

1 Select the Department

Fax numbers are included only as a reference to assist in selecting the correct department.

Choose One 

Choose One

- Provider Disputes - Louisiana Members: Fax 225-298-7035
- Provider Disputes - Non-Louisiana Members: Fax 225-297-2727
- Payment Integrity: Fax 225-298-7675
- ACA Risk Optimization: Fax 225-295-2166
- ITS Host Medical Records: Fax 225-298-7529
- Health and Quality Management (HEDIS): Fax 225-298-7411
- Federal Employee Program (FEP) Provider Appeals/Disputes: Fax 225-295-2364
- Medical Necessity & Investigational Appeals Only: Fax 225-298-1837
- Medical Records for Retrospective or Post Claim Review: Fax 1-800-515-1150

Tips for Successful Document Upload

- Each upload should contain only one patient and include the member's name, date of birth and contract number. Do not send multiple patients in a single upload.
- Uploaded documents will be routed directly to the department selected. Selecting the wrong department could delay processing.
- Include any notification received from BCBSLA with the uploaded document. If submitting a Dispute or Appeal, include the appropriate form.
- If you have received a notification from BCBSLA with a department/fax number not listed in the dropdown, follow the instructions on the notice.
- Do not resubmit the uploaded documents via fax or hardcopy. Sending duplicate requests could delay processing.

[Document Upload FAQs](#)

Document Upload Frequently Asked Questions can be found here.

Document Upload - upload documents that would otherwise be faxed, emailed or mailed.

Once Blue Cross receives the uploaded document, a confirmation message will display, "The uploaded file was successfully received and sent to XXX Department at HHMMSS am/pm, MM/DD/YY."

Blue Cross accepts document uploads for:

- Provider Disputes
- Payment Integrity
- ACA Risk Optimization
- ITS Host Medical Records
- Health and Quality Management (HEDIS®)
- Federal Employee Program (FEP) Appeals
- Medical Necessity & Investigational Appeals Only
- Medical Records for Retrospective or Post Claim Review

Payment Information

[Payment Registers](#)

[EFT Notifications](#)

Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Payments

Payment Information



Use this section to access your Blue Cross payment information. Two years of payment registers and EFT notifications are available in iLinkBlue. EFT notifications for the week appear in the search results.

- **Payment Registers** – view, print or save your payment registers. If you have access to multiple NPIs, registers will be available for each.
- **EFT Notifications** – view Electronic Funds Transfer (EFT) Notifications. If you have access to multiple NPIs, EFT notifications will be available for each.

Payment Information

Payment Information

[Payment Registers](#)

[EFT Notifications](#)

Need a past EFT Notification/Payment Register?

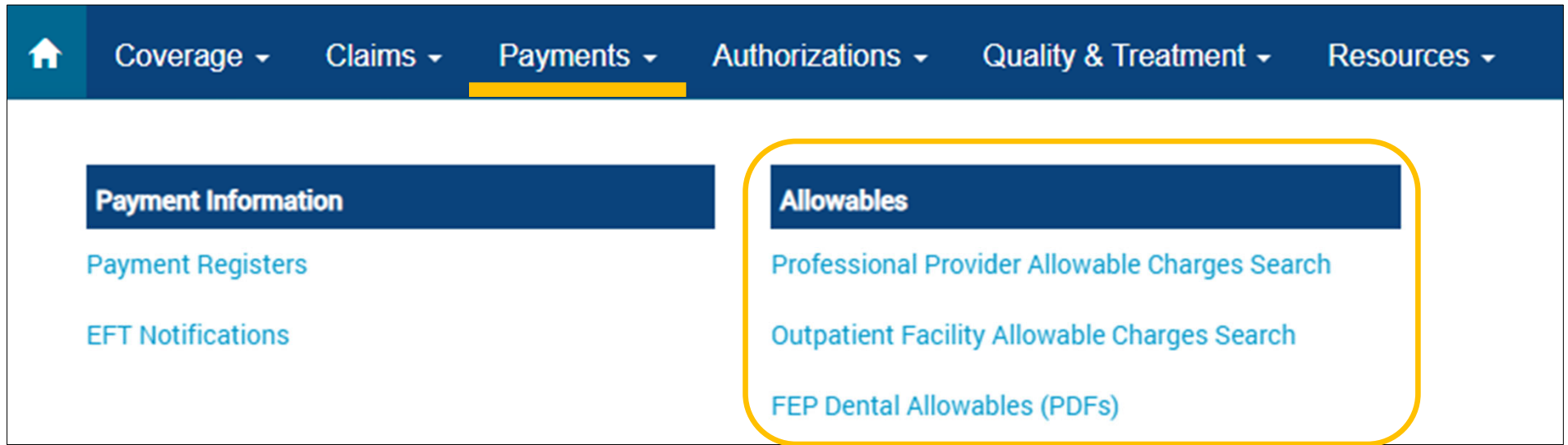
Weekly EFT notifications and payment registers are available to providers on Mondays, based on claims payments from the previous week.

Set the calendar feature in the search feature to the date of a Monday within the last two years. This allows you to see past EFT notifications or payment registers.

The screenshot displays the 'Payment Registers' web application interface. At the top, there is a search bar with filters for 'Select a provider', 'Select a line of business', and a date selector set to '07/06/2020'. A 'Search' button is located to the right. Below the search bar, the text 'Search results for 07/06/2020' is displayed, along with a red warning message: '** Some registers may take several minutes to generate a PDF due to the size of the register.' The main content area is divided into two sections, each for a different NPI: 'NPI 1234567890' and 'NPI 2234567890'. Each section has a 'Line of Business' column and a 'View Reports' column. The first section lists 13 lines of business, each with a 'Payment Register' button. The second section lists 4 lines of business, each with a 'Payment Register' button.

NPI	Line of Business	View Reports
1234567890	Blue Cross Louisiana	Payment Register
	Blue Cross Louisiana	Payment Register
	Blue Cross Louisiana	Payment Register
	Federal Employees Program (FEP)	Payment Register
	Federal Employees Program (FEP)	Payment Register
	HMO Louisiana	Payment Register
	HMO Louisiana	Payment Register
	OGB HMO Magnolia Local Plus	Payment Register
	OGB HMO Magnolia Local Plus	Payment Register
	OGB Magnolia Local	Payment Register
	OGB Pelican HRA 1000	Payment Register
	OGB PPO Magnolia Open Access	Payment Register
	OGB PPO Magnolia Open Access	Payment Register
OGB PPO Magnolia Open Access	Payment Register	
2234567890	Blue Cross Louisiana	Payment Register
	Federal Employees Program (FEP)	Payment Register
	HMO Louisiana	Payment Register
	OGB HMO Magnolia Local Plus	Payment Register

Allowables Research



iLinkBlue includes two applications you can use to research Blue Cross allowables:

- [Professional Provider Allowable Charges Search](#)
- [Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#) – this section includes printable PDFs for FEP Preferred Network dentists.

Allowables Research

Allowables


[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Professional Allowable Search

To begin an allowable charges search, enter a date and select a provider.

- Select a Date**
 
- Select a Provider**
- Select a Network**
- Enter a CPT Code***

[Continue](#) [Reset](#) [View Allowables](#)

* An asterisk (*) can be used as a wild card (ex 99*)

Professional Allowable Search

- When searching for an allowable charge enter the date of service, appropriate network and the code.
- The date of service is important because you can search current, past or future (when available) allowable charges.



Providers must use iLinkBlue for professional allowable charges. These services are no longer supported by our Customer Care Center.

Allowables Research

Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Outpatient Facility Allowable Charges Search

To begin an outpatient facility allowable charges search, enter a date and select a facility.

If you participate in a network that is not found in the Select a Network drop box, please contact Network Administration at 800.716.2299 for assistance.

Search by Code

Fee Schedule Request

1 Select a Date

11/01/2022



2 Select a Facility

Select a facility

3 Select a Network

Select a Network

4 Enter a CPT/HCPCS Code*

Continue

Reset

View Allowables

* An asterisk (*) can be used as a wild card (ex 99*)

Outpatient Facility Allowable Charges Search

This application is for acute-care hospitals and ambulatory surgical centers (ASCs) that are on a contracted fee schedule only.

- When searching for an allowable charge enter the date of service, appropriate network and the code.
- The date of service is important because you can search current, past or future (when available) allowable charges.

Allowables Research

Outpatient Facility Allowable Charges

Example

Search results will display the outpatient facility allowable charge in the **Contracted Fee** section.

Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Select a Date: 01/01/2022

Select a Facility: 1234567890 - ABC Medical Center

Select a Network: PREFERRED CARE PPO (Blue

Enter a CPT/HCPCS Code*: 99214

[Continue](#) [Reset](#) [View Allowables](#)

* An asterisk (*) can be used as a wild card (ex 99*)

Outpatient Facility Allowable Charge Results for ABC Medical Center NPI 1234567890 for the PREFERRED CARE PPO (Blue Cross) Network

Date Created: 06/09/2022 9:09:20 AM Fees effective as of: 01/01/2022

Schedule: AB

Disclaimer: The rates shown are confidential and proprietary to BCBSLA and/or HMOLA and are not to be disclosed to third parties.

Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service is covered under all subscriber contracts/certificates or that it is a billable service (i.e., deleted code). The fees listed are effective as of the date noted above. Fees may change periodically.

Further, while an effort has been made to provide complete information, errors and typographical mistakes sometimes occur. Providers are advised NOT to rely exclusively on this data, which is provided for the purpose of convenience. In case of a conflict, please refer to your written provider agreement with BCBSLA and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show 10 entries Search:

CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
99214	D&T	AB	\$100.00	110.00%	\$110.00	---

Showing 1 to 1 of 1 entries [Previous](#) [1](#) [Next](#)

Allowables Research

Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Outpatient Facility Allowable Charges

Percent of Charge Example

Search results for an active code not on the outpatient reimbursement fee schedule will display a percent of billed charges in the **Comments** section.

Outpatient Facility Allowable Charge Results for ABC Medical Center NPI 1234567890 for the PREFERRED CARE PPO (Blue Cross) Network

Date Created: 06/09/2022 9:09:20 AM Fees effective as of: 01/01/2022

Schedule: Not Applicable

Disclaimer: The rates shown are confidential and proprietary to BCBSLA and/or HMOLA and are not to be disclosed to third parties.

Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service is covered under all subscriber contracts/certificates or that it is a billable service (i.e., deleted code). The fees listed are effective as of the date noted above. Fees may change periodically.

Further, while an effort has been made to provide complete information, errors and typographical mistakes sometimes occur. Providers are advised NOT to rely exclusively on this data, which is provided for the purpose of convenience. In case of a conflict, please refer to your written provider agreement with BCBSLA and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show entries Search:

CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
99231	D&T	---	---	---		50% of charge

Showing 1 to 1 of 1 entries Previous **1** Next

Allowables Research

Allowables

[Professional Provider Allowable Charges Search](#)

[Outpatient Facility Allowable Charges Search](#)

[FEP Dental Allowables \(PDFs\)](#)

Outpatient Facility Allowable Charges

No Allowable Charge Available Example

Search results will display the message “Allowable charges are not available for the code and/or date requested,” when attempting to research allowable charges for a participating facility that does not have a contracted fee schedule.

Outpatient Facility Allowable Charge Results for XYZ Medical Center NPI 9876543210 for the PREFERRED CARE PPO (Blue Cross) Network

Date Created: 06/09/2022 9:09:20 AM Fees effective as of: 01/01/2022

Schedule: Not Applicable

Disclaimer: The rates shown are confidential and proprietary to BCBSLA and/or HMOLA and are not to be disclosed to third parties.

Note that provider services are subject to clinical editing prior to pricing. Modifiers may affect the price/rate shown. Rounding differences may appear due to the application of units, modifiers, multiple procedure logic, etc. Inclusion of a price/rate on this schedule does NOT guarantee that the service is covered under all subscriber contracts/certificates or that it is a billable service (i.e., deleted code). The fees listed are effective as of the date noted above. Fees may change periodically.

Further, while an effort has been made to provide complete information, errors and typographical mistakes sometimes occur. Providers are advised NOT to rely exclusively on this data, which is provided for the purpose of convenience. In case of a conflict, please refer to your written provider agreement with BCBSLA and/or HMOLA and subsequent amendments to it. If you have any questions about fees, please contact the Network Administration Division at 1-800-716-2299.

Show entries Search:

CPT/HCPCS Code	Code Classification	Schedule Name	Schedule Fee	Network %	Contracted Fee	Comments
Allowable charges are not available for the code and/or date requested						

Showing 0 to 0 of 0 entries Previous Next

Authorizations Guidelines

[Do I need an authorization?](#)

Authorizations - BCBSLA Members

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)

[Carelton Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)

Authorizations - Out of Area Members

[Out of Area \(Pre Service Review – EPA\)](#)

[Medical Policy Guidelines](#)

Authorizations

Authorizations

The screenshot shows the iLinkBlue website's navigation menu. The 'Authorizations' tab is highlighted in yellow. Below the menu, there are three main sections: 'Authorizations Guidelines', 'Authorizations - BCBSLA Members', and 'Authorizations - Out of Area Members'. Each section contains a list of links to various resources and applications.

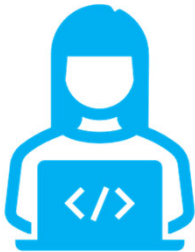
Authorizations Guidelines	Authorizations - BCBSLA Members	Authorizations - Out of Area Members
Do I need an authorization?	BCBSLA Authorizations	Out of Area (Pre Service Review – EPA)
	Behavioral Health Authorizations	Medical Policy Guidelines
	Carelton Authorizations	
	Authorization/Pre-certification Inquiry	
	Medical Policy Guidelines	
	Lab Reimbursement Policies	
	FEP Medical Policy Guidelines	

The Authorizations section of iLinkBlue includes resources and applications for both **BCBSLA Members** and **Out of Area Members**.

Many of the applications in this section require a higher level of security access.

New BCBSLA Authorizations Application

COMING SOON



We are happy to announce that we are replacing the BCBSLA Authorizations application as early as April 22, 2024. The new application will be powered by **Epic Systems Corporation (Epic)** and is being designed to be more user friendly and efficient for providers. Further details will be provided in the upcoming months.

Upcoming Trainings



Our Provider Relations Department is hosting educational webinars in April. These sessions will showcase the new BCBSLA Authorizations application. Be on the lookout for registration links for these webinars in our Weekly Digest emails.

Authorizations

BCBSLA Members

Authorizations Guidelines - Do I need an authorization? – This application lets you research and view authorization requirements based on the member ID prefix.

Authorizations Guidelines

Do I need an authorization?


Home Coverage Claims Payments **Authorizations** Quality & Treatment Resources

Pre-Authorization / Pre-Certification Information

To view Blue Plan's general pre-authorization/pre-certification information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

Alpha Prefix :

Enter the member's prefix to access general pre-authorization/pre-certification information.


 **Louisiana** Preferred Care PPO Network

Member Name
John Q. Subscriber

MEMBER ID
ABC123456789

Advantage Plus Dental Network

[Grp/Subgroup	12345XX6/000
RxMbr ID	123456789
RxBIN	003858 RxPCN-A4
RxGrp	BSLA
BC PLAN 170	BS 670



Authorizations

BCBSLA Members

BCBSLA Authorizations* – submit and research authorizations for BCBSLA members. Upload clinical information.

Behavioral Health Authorizations* – behavioral health providers can request authorizations for behavioral health services and submit clinical information electronically. This web-based application is facilitated by Lucet.

Carelon Authorizations – submit and research authorizations for outpatient high-tech radiology, diagnostic, cardiology services, musculoskeletal (MSK) joint surgery, sleep study, spine surgery, spine pain management and radiation oncology authorizations. This web-based application is facilitated by Carelon.

Authorizations - BCBSLA Members

[BCBSLA Authorizations](#)

[Behavioral Health Authorizations](#)


[Carelon Authorizations](#)

[Authorization/Pre-certification Inquiry](#)

[Medical Policy Guidelines](#)

[Lab Reimbursement Policies](#)

[FEP Medical Policy Guidelines](#)



*Your organization's administrative representative must grant you user access to these applications.

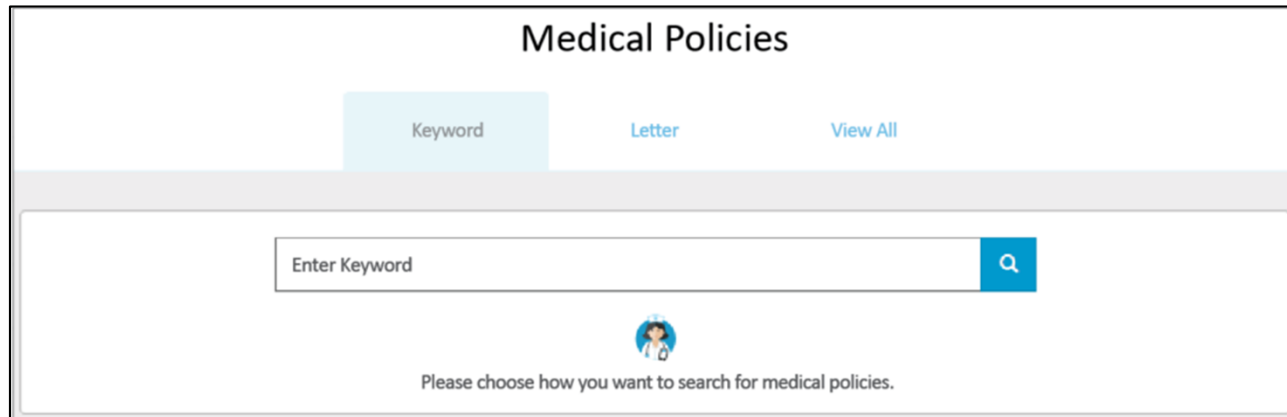
Authorizations

BCBSLA Members

[Authorization/Pre-certification Inquiry](#) – view a provider’s inpatient or outpatient authorizations on file with Blue Cross.

[Medical Policy Guidelines*](#) – access the BCBSLA medical policy index to research Blue Cross’ medical policies. Search for policies alphabetically by title or use the search bar to look by keywords or codes.

Authorizations - BCBSLA Members
BCBSLA Authorizations
Behavioral Health Authorizations
Carelton Authorizations
Authorization/Pre-certification Inquiry
Medical Policy Guidelines
Lab Reimbursement Policies
FEP Medical Policy Guidelines



Medical Policies

Keyword Letter View All

Enter Keyword


Please choose how you want to search for medical policies.

*This application is also available on the Provider Page; www.bcbsla.com/providers
>Medical Management >Medical Policies.

Authorizations

BCBSLA Members

Lab Reimbursement Policies* – access the policies used as part of Blue Cross' Lab Benefit Management Program. These policies are managed by Avalon.



Blue Cross and Blue Shield of Louisiana Health Laboratory Testing Policies

Blue Cross and Blue Shield of Louisiana (BCBSLA) has partnered with Avalon Healthcare Solutions for Laboratory Benefits Management (LBM) in order to administer Avalon's Routine Testing Management (RTM), a post-service pre-payment clinical claim editing program. The laboratory testing policies for the RTM program are accessible through the links below. These policies are specific to BCBSLA network and product requirements and in alignment with its policies, rules, and/or state and federal contracts. In the event of a conflict, BCBSLA's policies, rules, and/or state and federal contracts will take precedence.

The RTM policies below are effective for claims with a date of service of May 15th, 2022, and later.

- Authorizations - BCBSLA Members
 - BCBSLA Authorizations
 - Behavioral Health Authorizations
 - Carelon Authorizations
 - Authorization/Pre-certification Inquiry
 - Medical Policy Guidelines
 - Lab Reimbursement Policies
 - FEP Medical Policy Guidelines

FEP Medical Policy Guidelines – access medical policies that govern claims for Federal Employee Program members.



*This application is also available on the Provider Page; www.bcbsla.com/providers
>Medical Management >Lab Management.

Authorizations

Out of Area Members

Out of Area (Pre-Service Review – EPA)

This application routes you to the BlueCard member's Blue Plan.

Enter the member ID prefix into the application to access pre-service capabilities, processes and requirements for your BlueCard patient.

Authorizations - Out of Area Members

[Out of Area \(Pre Service Review – EPA\)](#)

[Medical Policy Guidelines](#)

Home Coverage Claims Payments Authorizations Quality & Treatment Resources

Delegated Access

Pre-Service Review for Out of Area Members

Includes Notifications Pre-Certification, Pre-Authorization and Prior Approval

Enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "Submit".

I have verified the pre-service requirements for this member

Enter the member's prefix to access general pre-authorization/pre-certification information.

Member Name		Dependents	
Member ID		Dependent One	
XYZ 23456789		Dependent Two	
Group No.	023457	Dependent Three	
BIN	987654	Plan	PPO
Benefit Plan	HIOPT	Office Visit	\$15
Effective Date	00/00/00	Specialist Copay	\$15
		Emergency	\$75
		Deductible	\$50

Authorizations

Authorizations - Out of Area Members

[Out of Area \(Pre Service Review – EPA\)](#)

[Medical Policy Guidelines](#)

Out of Area Members

Medical Policy Guidelines

Just as BCBSLA publishes medical policies for services provided to our members, it is the same for other Blue Plans. Use this application to access medical policies for BlueCard (out-of-area) members.

Enter the member ID prefix to be routed to the member's Blue Plan to research applicable medical policy information.

Out of Area Medical Policy Coverage Guidelines

To view the out-of-area Blue Plan's medical policy information, please enter the first three letters of the member's identification number on the Blue Cross Blue Shield ID card, and click "submit".

Prefix

Submit

Estimated Treatment Cost Reports

[View Reports](#)

[FAQs](#)

[Treatment Codes Listing](#)

Quality & Treatment

Estimated Treatment Costs

Estimated Treatment Cost Reports

[View Reports](#)

[FAQs](#)

[Treatment Codes Listing](#)

Blue Cross has an Estimated Treatment Cost Tool that allows our Preferred Care PPO members to view information about the value you bring to the healthcare community. What members see are PPO costs displayed on the national Blue Cross Blue Shield Association (BCBSA) Hospital & Doctor FinderSM website.

Twice a year, we notify providers to review their refreshed cost data. Providers are asked to log into iLinkBlue during the 30-day review period. At the end of the period, the data is published to BCBSA.

View Cost Reports
Begin viewing cost reports by selecting a name from the listing.

Blue Cross and Blue Shield of Louisiana Estimated Treatment Cost Report

Provider Name: TEST PROVIDER
Provider Number: 12345
Provider NPI Number: 1234567890
Provider Address: 123 STREET ST. BATON ROUGE, LA 708080000

Reporting Period: 01/01/9999 TO 12/31/9999
Data Type: Professional Office Visit

Estimates include but are not limited to allowed claims for Facility, Ancillary, Physician, Lab, Radiology, and Diagnostic services.

[Cost Data Methodology](#)

To submit a reconsideration on a specific cost, select a Treatment Description below

Search:

Treatment Category	BCBSLA Procedure Volume	Low Allowable Estimate	High Allowable Estimate	Typical Allowable
Established patient, low complexity, 15 minutes	63	\$69	\$69	\$69
Established patient, moderate complexity, 25 minutes	10	\$103	\$103	\$103
Existing Patient Preventative Checkup for an Adult (Age 18- en)	5	\$106	\$112	\$110

Resources

[Manuals](#)

[Speed Guides](#)

[Tidbits](#)

[Tutorials](#)

[Forms](#)

[National Alliance Groups](#)

Resources

Resources

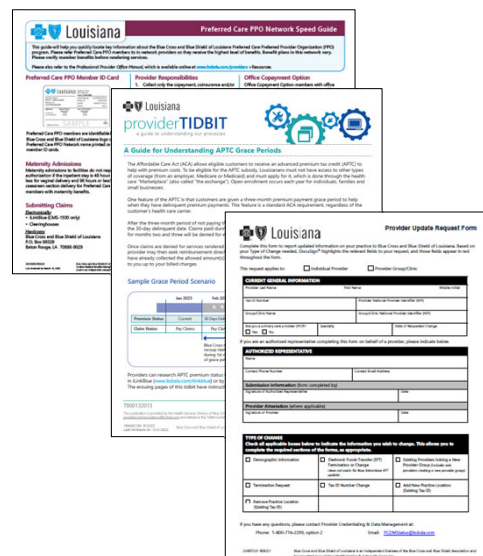
Manuals

Most provider manuals are available on the Provider Page (www.bcbsla.com/providers). There are also a few manuals that are found on iLinkBlue only; such as the Member Provider Policy & Procedures Manual, iLinkBlue 1500 Claims Entry manuals and our authorization application guides.



Speed Guides, Tidbits and Forms

These are quick reference guides and forms designed to help providers with their Blue Cross needs. They are available on the Provider Page with quick links in iLinkBlue.



National Alliance Groups

This is a complete listing of our National Alliance self-funded groups. The listing includes member ID prefixes for these groups.

Group	Effective Date	Alpha Prefix
Abbeville General Hospital	1/1/2019	SLA
Acadian Ambulance	1/1/2023	LJK
Associated Grocers	1/1/2012	AJB
Bollinger Shipyard	1/1/2018	GQJ
Caddo Parish Commission	1/1/2014	CBF
CGB	1/1/2014	ICG
City of Monroe	1/1/2016	EMO
Cleco	1/1/2013	CES
Crescent Bank & Trust	4/1/2016	RNL
Diocese of Lafayette	1/1/2014	FSX
Franciscan Missionaries of Our Lady Health System (FMOLHS)	1/1/2020	FRR
Galliano Marine Service	1/1/2018	GOO
Grand Isle Shipyard	3/1/2018	IVI
Green Clinic	6/1/2013	GLL
Iberia Bank	1/1/2010	IJK
Jefferson Parish Sheriff's Office	1/1/2018	IMU
Lafayette City-Parish Government	1/1/2013	LFP
Life Shares	1/1/2015	LSP
Origin Bank	1/1/2019	EGQ
PVT Holdings	1/1/2023	SLA
Randa Corp	1/1/2019	RCW
Roy O Martin (Martco LLC)	1/1/2012	RPZ
Scott Equipment	10/1/2015	SGN
Thibodaux Regional Health System	1/1/2018	THQ
Tulane University	1/1/2020	TNA
WHC Energy Services	1/1/2018	IOU
Zen-noh	1/1/2014	EZN

iLinkBlue Support

iLinkBlue & EDI Support

The EDI Production Support team can assist you with iLinkBlue technical support. They also support system-to-system electronic transactions to Blue Cross. This team can assist you with the electronic clearinghouse submission of eligibility information, payment information and claims.

Phone: 1-800-716-2299, option 3
Email: EDIservices@bcbsla.com
Business Hours: Monday – Friday, 8:30 a.m. to 4:30 p.m. CT
(except holidays)

Provider Identity Management (PIM) Team

The PIM Team can assist with the administrative representative setup process and managing system access to our secure electronic services.

Phone: 1-800-716-2299, option 5
Email: PIMteam@bcbsla.com
Business Hours: Monday – Friday, 7:30 a.m. to 4 p.m. CT
(except holidays)

iLinkBlue Training

Our **Provider Relations Representatives** are available to provide iLinkBlue training to providers and their staff.

To request iLinkBlue training, please send an email to provider.relations@bcbsla.com. Put “iLinkBlue Training” in the subject line.

Please include your:

- Name
- Organization name
- Contact information
- Brief description of the training you are requesting





Coverage ▾

Claims ▾

Payments ▾

Authorizations ▾

Quality & Treatment ▾

Resources ▾

Questions?



Coverage ▾

Claims ▾

Payments ▾

Authorizations ▾

Quality & Treatment ▾

Resources ▾

Appendix

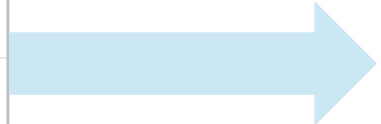
Knowing Your Networks

Blue Cross offers many networks. All providers do not participate in all networks. In order to maximize benefits for your patients, you need to know which networks you participate in. This information can be found online at www.bcbsla.com > Find a Doctor or Drug > Local Provider Directory.



All Networks ▾

- All Networks
- Preferred Care PPO
- HMO Louisiana HMO/POS
- Medical Dental Benefit
- Community Blue HMO/POS
- Blue Connect HMO/POS
- BlueHPN
- OchPlus
- Signature Blue HMO/POS
- Precision Blue HMO/POS
- OGB Preferred Care
- OGB MagLocal BR - CommBlue
- OGB MagLocal - BlueConn
- OGB MagLocal Plus - PrefCare
- OGB MagOpenAccess - PrefCare
- OGB Pelican HRA/HSA PrefCare
- Abbeville General
- TQHN
- Blue Connect EPO
- Affinity Health Network



Some of our networks have tiered benefits.

Indicators are included in our online directories.

✓ Networks Available ▲

★ = Enhanced Tier 1 \$?

● = Tier 1 \$

● = Tier 2 \$\$

● = Tier 3 \$\$\$

- ① HMO Louisiana HMO/POS
- ① OGB MagLocal Plus - PrefCare
- ① OGB MagOpenAccess - PrefCare
- ① OGB Pelican HRA/HSA PrefCare
- ① OGB Preferred Care
- ① Preferred Care PPO

- ② Abbeville General
- ② Blue Connect HMO/POS
- ② Community Blue HMO/POS
- ② OchPlus
- ② OGB MagLocal - BlueConn
- ② OGB MagLocal BR - CommBlue
- ② Precision Blue HMO/POS
- ② Signature Blue HMO/POS
- ② TQHN

What is the BlueCard Program?

- A national program that enables members of one Blue Cross and Blue Shield (BCBS) plan to obtain in-network healthcare services while traveling or living in another BCBS Plan service area.
- It links participating healthcare providers with other Blue Plans across the country, and in more than 200 countries and territories worldwide, through a single electronic network for professional, outpatient and inpatient claims processing and reimbursement.
- Members have access to participating doctors and hospitals worldwide.



MEDICAL		DEDUCTIBLE	OUT OF POCKET
In Network	Individual	Individual	Individual
Out of Network	\$5500	\$5500	\$5500

04BA0314 R01/22

PPO

Louisiana Preferred Care
PPO Network
FULLY INSURED

Member Name: BLUE SUBSCRIBER
Grp/Subgroup: AAA00000/PPO4
Member ID: XUP000000000
RxMbr ID: 200000000
RxBIN: 000000 PCN-A4
RxGrp: BSLA

CAA Surprise Billing Notice and Consent

The Consolidated Appropriations Act (CAA) 2021 includes the No Surprises Act, which governs how non-participating providers are allowed to bill patients. This Act prohibits non-participating providers from balance billing for non-emergency medical services performed at network facilities, with certain exceptions.

Under the law, the following providers are **not** permitted to ask patients to give up their balance-billing protections:

- anesthesiologists
- emergency room doctors
- neonatologists
- pathologists
- radiologists
- and other ancillary providers as defined by the CAA 2021

CAA Surprise Billing Notice and Consent

Submitting Patient Notice & Consent

Providers can submit claims electronically or hardcopy. Providers must also submit a copy of the consent waiver to Blue Cross as documentation that the patient is waiving their protective rights for balance billing. To ensure that Blue Cross properly receives the consent documentation, please follow the claims filing guidelines below:

For Electronic Claims:

- Submit the claim electronically.
- Submit a copy of the signed consent waiver by mail, fax or email at the same time.
- Complete and include the Blue Cross CAA Consent Submission Form as a cover sheet. It is available at www.bcbsla.com/providers >Resources >Forms. Submission instructions are included on the form.

For Paper Claims:

- Submit the signed consent waiver as an attachment to your hardcopy claim form.

More Resources

[Guide for Understanding APTC Grace Periods](#) tidbit details how to research member APTC premium status information in iLinkBlue. The tidbit includes step-by-step instructions for researching an APTC Member's coverage status and claims. Find this tidbit online at www.bcbsla.com/providers >Resources.

[Medical Record Guidelines for BlueCard](#) tidbit explains how to access a provider's medical record requests for out-of-area members in iLinkBlue. The tidbit includes the steps for accessing and managing the medical record requests in iLinkBlue. Find this tidbit online at www.bcbsla.com/providers >Resources.

[Submitting Corrected Claims](#) tidbit includes the instructions for refiling a corrected CMS-1500 claim in iLinkBlue. Find this tidbit online at www.bcbsla.com/providers >Resources.

[Provider Self-service Quick Reference Guide](#) explains how to use iLinkBlue for member eligibility, claim status inquiries, professional allowable charge searches and medical policy searches. The guide also identifies the information our Customer Care Center will ask for if you have questions after using iLinkBlue. Find this guide online at www.bcbsla.com/providers >Resources.

[BCBSLA Authorizations Application Professional User Guide](#) gives professional providers the instructions needed for submitting authorizations and clinical information through the BCBSLA Authorizations Application. Find this guide under the Resources menu option in iLinkBlue.

[BCBSLA Authorizations Application Facility User Guide](#) gives facility providers the instructions needed for submitting authorizations and clinical information through the BCBSLA Authorizations Application. Find this guide under the Resources menu option in iLinkBlue.